This partner list belongs to:	ISP Start:	End:	

Partners

The people I want to help me with planning:	Relationship:	Contact information:	Accepted?	Alternate:		
•			☐Yes ☐ No			
			☐Yes ☐ No			
			☐Yes ☐ No			
			☐Yes ☐ No			
			Yes No			
			Yes No			
			Yes No			
			☐Yes ☐ No			
			☐Yes ☐ No			
			☐Yes ☐ No			
			☐Yes ☐ No			
Planning Partner			Accepted?	Alternate:		
			☐Yes ☐ No			
Things to do with my p	olanning partı	ier:				
☐ Individual Profile update ☐ Invite partners ☐ Schedule annual planning						
Comments:						

Form # DRAFT _____ Revision 07/31/08 Date: _____